



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Schiffrin et al.
Appl. No.: 09/856,426
Conf. No.: 7769
Filed: August 21, 2001
Title: METHOD FOR INCREASING PET ACTIVITY
Art Unit: 1761
Examiner: Chhaya D Sayala
Docket No.: 115808-305

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

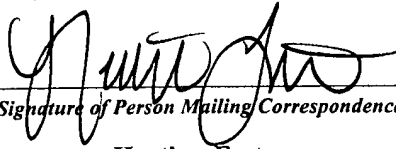
AMENDMENT

Sir:

In response to the final Office Action dated February 18, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 115808-305	
Applicant(s): Schiffrin et al.					
Application No. 09/856,426	Filing Date August 21, 2001	Examiner Chhaya D. Sayala	Customer No. 29157	Group Art Unit 1761	Confirmation No. 7769
Invention: METHOD FOR INCREASING PET ACTIVITY					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	26 -	26 =	0	x \$50.00	\$0.00
INDEP. CLAIMS	11 -	11 =	0	x \$200.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
_____ Signature			Dated: May 18, 2005		
Robert M. Barrett (Reg. No. 30,142) Bell, Boyd & Lloyd LLC P.O. Box 1135 Chicago, Illinois 60690-1135 Tel: 312/807-4204 Fax: 312/827-8185			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;">05/18/05 (Date)</div> <div style="text-align: center;">  Signature of Person Mailing Correspondence </div> <div style="text-align: center;">Heather Foster</div> <div style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</div> </div>		
CC:					